## THIS FORM *MUST* BE SIGNED BY THE PROPERTY OWNER

Return this form	to:	
Marion County A 200 E. Washingt Ste 1360 Indianapolis, IN	on St	
Or you may fax i	t to 317-327-4639	
Please change th	e mailing address on:	
Parcel #		
To the following	address: (new address here)	
NAME		
ADDRESS		
CITY, STATE, 2	ZIP	
PROPERTY LO	CATION	
OLD MAILING	ADDRESS	
I CERTIFY	THAT I AM THE OWNER O HAVE MADE THIS	OF THE ABOVE PROPERTY AND S REQUEST:
DATE	SIGNATURE	PHONE NUMBER OR EMAIL ADDRESS